STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006175	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY NURSING & REHAB CTR	1136 NORTH MILL STREET NAPERVILLE, IL 60563

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation #1575190/IL80281	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident These requirements were not met as evidenced	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1	S9999		

by:
Based on interview and record review the facility failed to provide safe care to prevent a fall which resulted in a fracture. This applies to R1, one of two residents reviewed for falls in the sample of three.
The findings include:
According to the MDS (minimum data set) dated 08/03/15 in the medical record R1 requires extensive assistance for bed mobility with 2 plus persons to assist.
According to an incident report dated September 18, 2015, R1 was being provided morning care by E1, CNA, (Certified Nurses Aid) without the assistance of another staff member. E1's statement noted while giving R1 a bed bath E1 rolled R1 away from her. R1 rolled out of the bed falling to the floor ending up on her back. R1 complained of right hip pain and was sent to the hospital for further assessment. X-rays completed at the hospital found a fracture through the greater trochanter of the proximal right femur. R1 remains in the hospital where surgical repair of the hip was performed. On September 22, 2015 E2, DON (Director of Nursing) stated R1 should have been assisted by more than one staff member while care was being given. E2 stated E1 was remorseful and knew she was wrong by not asking another staff member to help her with R1's care. E3, ADON (Assistant Director of Nursing) documented in her statement the following, " Asked CNA (E1) specifically if anyone else was in the room at the time and she stated " No I was by myself. I' m sorry. " "
Z1, attending physician stated on 09/23/15 he was notified by the facility when the incident occurred. Z1 said he is currently seeing R1 at the hospital and was aware R1 had been given morning care by only one staff person when the fall incident occurred. E1 said based on R1's

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S9999	Continued From page 2 clinical condition and assessments she should have been receiving care by more than one staff member when the fall occurred. (B)	S9999		